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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AC ACCOUNTING SERVICES, LLC

Account Number : I20220000194 Phone : (305)721-8342 Fax Number : (786)349-5019

\*\*Enter the email address for this business entity to be used for future. In

Ema11	Address:	 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SILOT MULTISERVECES LLC

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Page Count	01
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Help

T. LEMIEUX JAN 22 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SILOT MULTISER VECES LLC			1 6.1
(Name of the Lin	died Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited	Liability Company were filed on 01/0	3/2024	_ and assigned
Florida document number L24000008981	· <u>·····</u> ·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :	
SILOT MULTISERVICES LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	<del></del>		-
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Enter new mailing address, if applicable:		- <u>.</u> .	<del></del>
(Mailing address MAY BE A POST OFFICE	<i>BOX</i> )		
			-
	<del></del>		
B. If amending the registered agent and/or	registered office address on our rec	ords, <u>enter the name o</u>	the new registere
agent and/or the new registered office addr	ess here:		· <u></u>
		. ۲۰۰۰	
Name of New Registered Agent:	PABEL RODRIGUEZ		9 1
New Registered Office Address:	2170 W 60 ST, APT 16211		
	Enter Florid	n viruet addresse	8T/
	HIALEAH	, Florida <sup>FL</sup>	25 ATE
	Clty	<del></del>	Zip Code

## New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Stennture of New Registered Agent

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effective de	ue is listed, the di	ue must be specifi	e and cannot be prior not meet the applic	to date of filing or a	nore than 90 day	after filing.) Pu	suant to 605
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
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			Remove
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			Remove
			□ Change
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